



## Spokane County

OFFICE OF COUNTY  
COMMISSIONERS

Josh Kerns, 1<sup>st</sup> District | Mary L. Kuney, 2<sup>nd</sup> District | Al French, 3<sup>rd</sup> District

May 12, 2020

**Washington State Secretary of Health**  
**Dr. John Weissman**  
**P.O. Box 47890**  
**Olympia, WA 98504-7890**

Dear Dr. Weissman:

The Spokane County Board of County Commissioners, in partnership with our local health, medical and business communities, respectfully requests to immediately move to phase 2 of the plan to reopen Washington. We request we be allowed to join our five neighboring counties who have already been approved for phase 2 since we act as one interconnected commercial zone.

In support of this request for a variance, we have included a letter from the Spokane Regional Health District Director, Dr. Bob Lutz. Additionally, letters from our two hospital systems, Providence and Multi-Care, also support this request for a variance as they have the capacity, including both bed capacity and PPE supplies, to handle any surge in COVID-19 cases. Further, the Spokane County Board of Health has also voted, on May 11, 2020, to support moving into phase 2. We have the ability to test, do case and contact investigations, and protect high-risk populations. We feel we meet all known criteria at this point and are ready and able to move into phase 2.

Thank you for your consideration in this important matter.

Sincerely,

  
AL FRENCH, Chair

  
JOSH KERNS, Vice Chair

  
MARY L. KUNEY, Commissioner

cc: Governor Jay Inslee  
Lisa Brown, Director of Commerce  
Senator Andy Billing, Senate Majority Leader

Enclosure

**BEFORE THE BOARD OF HEALTH  
SPOKANE REGIONAL HEALTH DISTRICT  
RESOLUTION #20-05**

RE: (1) ACCEPTING THE SPOKANE COUNTY HEALTH OFFICER'S LETTER REGARDING THE PHASED APPROACH TO COVID-19 RECOVERY (2) AUTHORIZING A REQUEST TO GOVERNOR INSLEE FOR A VARIANCE IN THE SAFE START WASHINGTON: PHASED APPROACH TO RECOVERY

WHEREAS, on May 4, 2020, Governor Inslee extended the Stay Home – Stay Healthy order through May 31, 2020; and

WHEREAS, Governor Inslee has authorized Counties with populations less than 75,000 to request a variance allowing movement from Phase 1 to Phase 2 prior to May 31, 2020 pursuant to his Safe Start Washington plan; and

WHEREAS, Spokane County, not qualifying as a smaller county, still has transmission rates at significantly lower than larger urban areas on the westside of Washington State; and

WHEREAS, Spokane County hospitals are not at capacity and have reported the ability to accommodate possible increases in COVID-19 cases requiring hospitalizations; and

WHEREAS, the Spokane County Health Officer has submitted a signed letter recommending that the Spokane Regional Health District Board of Health request a variance to allow Spokane County to enter Phase 2 of Governor Inslee's Safe Start Washington: Phased Approach to Recovery plan; and


WHEREAS, Spokane Regional Health District has considered the Spokane County Health Officer's recommendation and the economic and mental health impact to the community of remaining in Phase 1 of Governor Inslee's Stay Home—Stay Healthy order.

NOW, THEREFORE, BE IT HEREBY RESOLVED BY THE BOARD OF HEALTH as follows:

1. The Board of Health accepts the Spokane County Health Officer's letter regarding the phased approach to COVID-19 recovery.
2. The Board of Health supports Dr. Lutz's recommendation "that consideration be given to provide Spokane County a variance to move to Phase II of the Governor's Safe Start Washington Plan," and authorizes Spokane county to seek that consideration.

Signed this 11th day of May 2020 in Spokane, Washington.


SPOKANE REGIONAL HEALTH DISTRICT  
BOARD OF HEALTH


  
\_\_\_\_\_  
CHAIR, MAYOR BEN WICK

  
\_\_\_\_\_  
BREEAN BEGGS, COUNCILMEMBER

  
\_\_\_\_\_  
KEVIN FREEMAN, MAYOR

  
\_\_\_\_\_  
AL FRENCH, COMMISSIONER

  
\_\_\_\_\_  
ANDREA FROSTAD, BOARD MEMBER

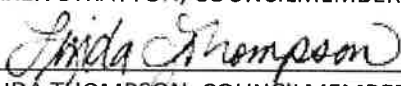
  
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CHUCK HAFNER, BOARD MEMBER

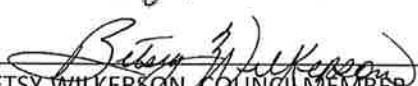
  
\_\_\_\_\_  
VICE CHAIR, COMMISSIONER MARY KUNEY

  
\_\_\_\_\_  
JOSH KERNS, COMMISSIONER  
**ABSENT**

\_\_\_\_\_  
JASON KINLEY, BOARD MEMBER

  
\_\_\_\_\_  
KAREN STRATTON, COUNCILMEMBER

  
\_\_\_\_\_  
LINDA THOMPSON, COUNCILMEMBER

  
\_\_\_\_\_  
BETSY WILKERSON, COUNCILMEMBER



1101 W. College Ave.  
Spokane, WA 99201-2095

509.324.1500 | TEL  
509.324.1464 | TDD  
SRHD.org



May 11, 2020

RE: Spokane County Variance Request

Dear SRHD Board of Health:

The first confirmed case relating to the COVID-19 pandemic was announced by the state of Washington on January 21, 2020. Governor Jay Inslee declared a state of public health emergency on February 29, 2020. He issued a statewide stay-at-home order on March 23, 2020 that has been extended to at least May 31, 2020.

The first confirmed cases of COVID-19 were reported in Spokane on March 14, 2020. A public health state of emergency was declared on March 20, 2020. Since then, 386 confirmed cases of Spokane County residents have been reported, to include 69 individuals hospitalized and 29 deaths (note – Spokane serves as the regional medical hub and hospitalized patients may be from surrounding counties).

Given data, reflecting past and present COVID-19 status in Spokane County, hospital capacity and plans for case and contact investigation as presented in the attached documentation, it is my recommendation consideration be given to provide Spokane County a variance to move to Phase II of the Governor's Safe Start Washington plan.

Sincerely,

A handwritten signature in black ink that reads "Bob Lutz". The signature is stylized and written in a cursive-like font.

Bob Lutz, MD, MPH  
Health Officer

## Public Health Criteria

### Spokane County COVID-19 Disease Activity

Currently, the burden of COVID-19 disease across Washington State is being measured by:

- Number and trend of COVID-19 cases, hospitalizations, and deaths
- Modeling data
- Mobility trends

Applying these three measures to Spokane County, data (see **Appendix 1-3**) demonstrate a peak in cases, hospitalizations and deaths that occurred in late March – early April. With the exception of a single day (24 April 2020), the incidence rate has been below 1.77/100,000 since 12 April 2020 (this rate has been suggested by data from South Korea as one where a strategy of testing, contact tracing, and isolation can suppress any outbreak). Recent modeling data by the Institute for Disease Modeling (IDM) reported a  $R_e$  on 18 April between 0.96 and 1.32 for eastern Washington; no Spokane or local-regional data exist. The  $R_e$  for eastern Washington is significantly impacted by data from south-central Washington counties. Traffic data for Spokane measuring the daily over average traffic counts demonstrated a smaller decrease percent change than Seattle but qualitatively similar comparable percentage increase since early April. These findings are not surprising, given the lack of mass transit options across Spokane County.

### Readiness and Capabilities Needed

#### 1. Healthcare Systems Readiness

Spokane serves as the regional center for healthcare in eastern Washington. Its four hospitals, managed by two healthcare systems (Providence Health and Services and MultiCare Healthy Systems), have coordinated their local/regional response for COVID-19. Data have been regularly provided to REDi and other sources that have allowed timely monitoring. As noted in **Appendix (5)**, the status of these facilities is good from the proposed metrics of licensed bed capacity and ICU capacity, number of available ventilators, days of PPE supply, and ability to surge and coordinate movement of patients. Additional metrics, such as availability of PPE in other healthcare settings, e.g., CHAS, Spokane's FQHC, is also adequate currently. Like everywhere across the state, however, the supply chain of PPE is challenged and of concern as the COVID-19 response continues.

#### 2. Testing Capacity and Availability

Access for COVID-19 PCR testing is provided through numerous clinics and a drive-thru site at the Spokane County Fairgrounds (**Appendix (4)**). While availability is good at this time, a noted decrease in testing performed has been identified. It is believed this represents a lag between when criteria for testing were more stringent and the recent liberalization, which will require changing messaging that has been initiated through the JIC as well as with the business community. Spokane, and eastern Washington more broadly, is limited by local laboratory capacity for testing, causing delays in reporting. This is being aggressively addressed by public health, local government, the business community, and academia. Additionally, challenges remain in obtaining necessary testing materials from the public health standpoint (healthcare has not reported such challenges). The following represents the differences between what has been ordered and what has been received. These concerns have been shared with the Department of Health, which has acknowledged the continued non-availability of these materials at the Washington State level.

- # of swabs ordered: 31,210
- # of swabs received: 1,000
- # of VTM ordered: 21,210
- # of VTM received: 800

- # of individual complete test kits (includes all materials needed) ordered: 26,000
- # of individual complete test kits (includes all materials needed) received: 775

### **Plan Moving Forward**

As noted above, Spokane is benefitted by having a robust healthcare community that has increased local capacity for testing. The combination of relaxing requirements for testing, increasing community awareness of its availability through coordinated messaging, and working with the business community, community leaders and others to ensure this awareness exists, will increase testing.

### **3. Case and Contact Investigations**

Spokane Regional Health District epidemiologists are currently conducting case and contact investigation and tracing for all confirmed cases of COVID-19. Depending on the complexity of the case, contacts are assigned to either an epidemiologist or contact tracing volunteer or support staff to conduct contact investigation or tracing. Currently, 16 internal staff including epidemiologists, disease investigation specialists, and other paid staff are trained and capable of handling contact tracing needs. Twelve staff are currently providing support. Due to current low case counts, contact tracing needs are not anticipated to exceed internal capacity. Additional staff are available to be trained and support case and contact investigation in the short term. In anticipation of increased cases and exposures due to reopening of business, volunteers (currently 12) are being recruited through local medical and health university programs including the WSU College of Medicine, WSU College of Nursing, UW College of Medicine, and EWU MPH program. SRHD epidemiology staff anticipate these volunteers to be activated by mid-June of 2020, meeting any additional capacity needs. Performance measures for case and contact investigation include:

- #/% of complete investigations
- #/% of cases contacted and advised within 24 hours of notification of positive case
- #/% of contacts reached within 48 hours of identification
- #/% of contacts who receive follow-up at 14-day mark of advised quarantine
- # contacts in same household identified within 12 hours
- # symptomatic contacts (in same household) rested within 24 hours

### **Plan Moving Forward**

Early in the evolution of our local/regional efforts, Spokane County Fairgrounds was identified as the site for an isolation facility designed to serve up to one-hundred individuals. Given this resource never neared its envisioned capacity, it is being placed into a holding pattern, while concurrently, a collection of other sites (e.g., college dormitories, hotels/motels, vacant buildings, shelters, etc.) have been identified and prioritized. MOUs are being prepared for future use as needed. Discussions have also been held with healthcare organizations to assist in case management of individuals currently under their care. SRHD is coordinating these efforts.

### **4. Ability to Protect High-risk Populations**

Spokane has been fortunate in its ability to address high-risk populations. Demographic data are regularly reported (**Appendix Table 1.**). Cases have been identified in only 7 long term care/retirement communities and 3 adult family homes. A Department of Health Infection Prevention Specialist is located at SRHD, and she worked proactively with facilities prior to the local COVID-19 surge. Additionally, a local healthcare organization has developed a “drop team.” This team, composed of an Infection Prevention Specialist, physicians and nurses, has been able to quickly and aggressively identify issues in these facilities and through both infection prevention recommendations and case/contact investigations, have prevented outbreaks

from occurring, with a single exception. SRHD has established an outreach team that makes daily rounds to homeless shelters, encampments, and other high-risk settings, to evaluate individuals.

### **Plan Moving Forward**

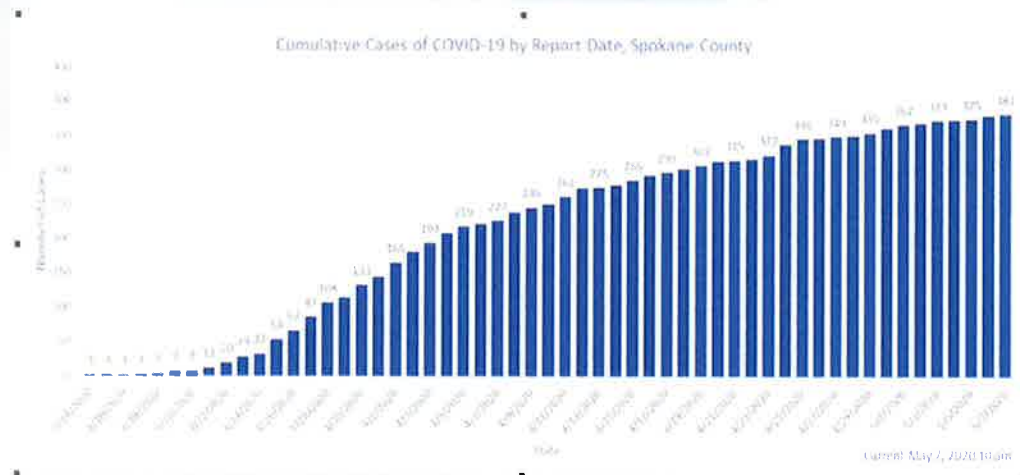
As noted above (see 3.), SRHD has established a team composed of epidemiologists, disease investigation specialists, and trained volunteers, to rapidly respond to cases and perform contact investigations, following parameters defined by Department of Health. Additionally, SRHD has been able to rapidly respond to outbreaks in congregate settings and will enhance these resources as Spokane moves through its opening phases. SRHD also plans, where and when able, to support other counties that have relied on it for assistance in investigations of outbreaks of communicable diseases.

### **Summary**

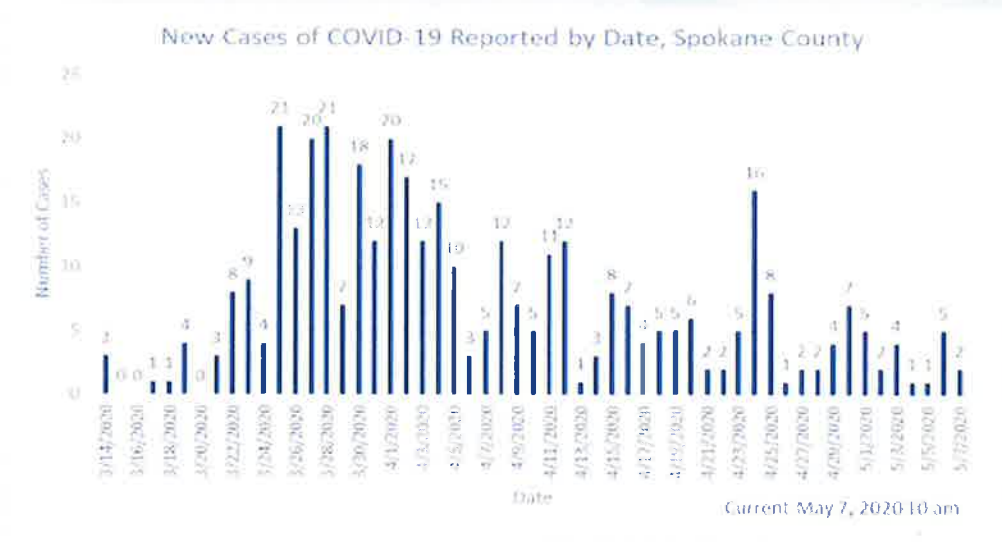
Spokane County and the surrounding counties have demonstrated lower overall cases and deaths attributable to COVID-19 as compared to other eastern Washington and western Washington counties (**Appendix (6)**). All counties continue to be challenged by limited resources for testing and PPE, but irrespective of these, communities have demonstrated the ability to address them and move forward in their response to the pandemic. Three of the surrounding counties have been granted a variance (Lincoln, Pend Oreille, and Ferry), with Stevens County awaiting determination of its status.

**APPENDIX.**

**1. Cumulative Cases of COVID-19, Spokane County**

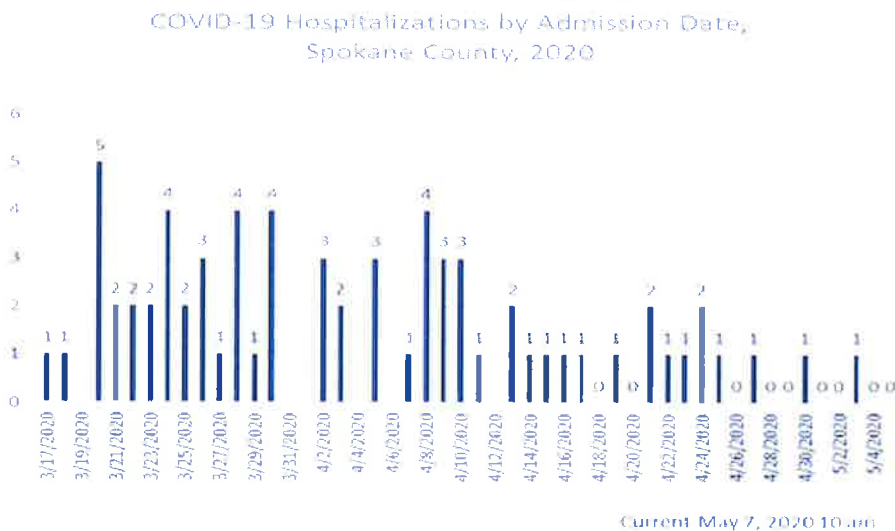


**2. New Cases COVID-19, Spokane County, Reported by Date**





**3. COVID-19 Hospitalizations**

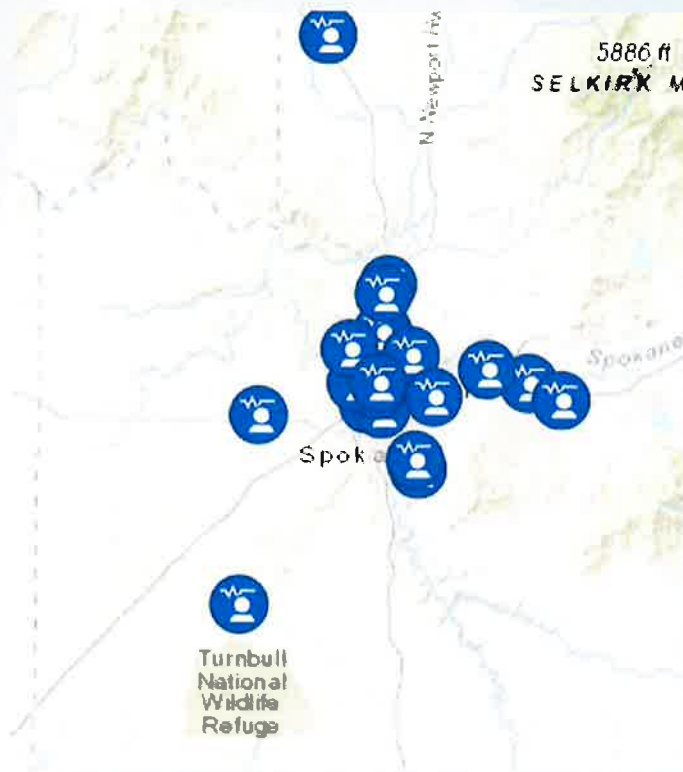


**Table 1. Race/ethnicity**

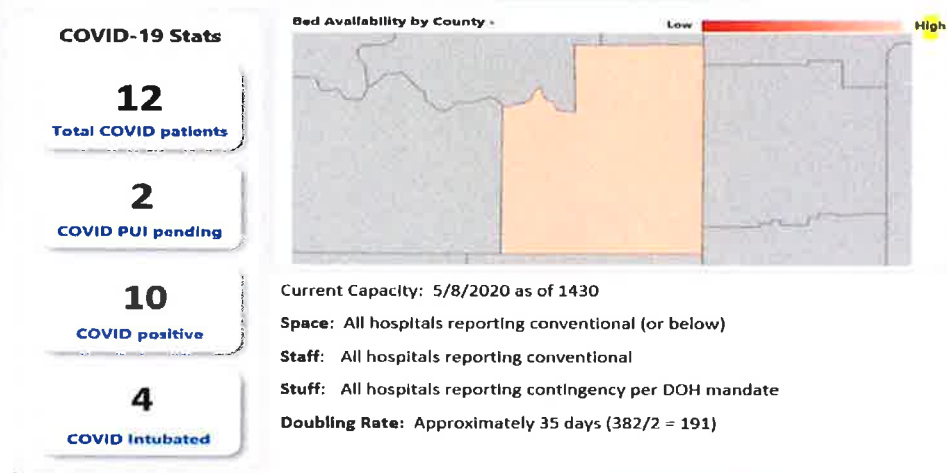
Race/Ethnicity	# COVID+	% COVID+	# county	% county
Hispanic all	29	7.8%	29291	5.7%
Non-Hispanic AI/AN	2	0.5%	7152	1.4%
Non-Hispanic Asian	7	1.9%	13110	2.5%
Non-Hispanic black	2	0.5%	9549	1.9%
Non-Hispanic multiple	1	0.3%	20118	3.9%
Non-Hispanic NH/OPI	13	3.5%	2839	0.6%
Non-Hispanic white	290	77.7%	433191	84.1%
Unknown	29	7.8%		
<b>TOTAL</b>	<b>373</b>		<b>515250</b>	<b>100%</b>



4. Testing Sites for COVID-19, Spokane County (available at <https://srhd.org/covid-19-drive-through-screening-clinic>)

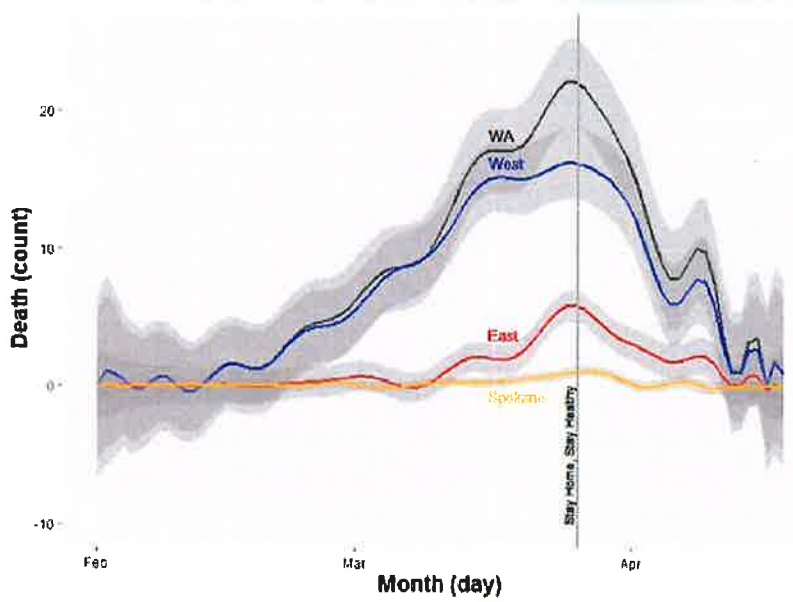
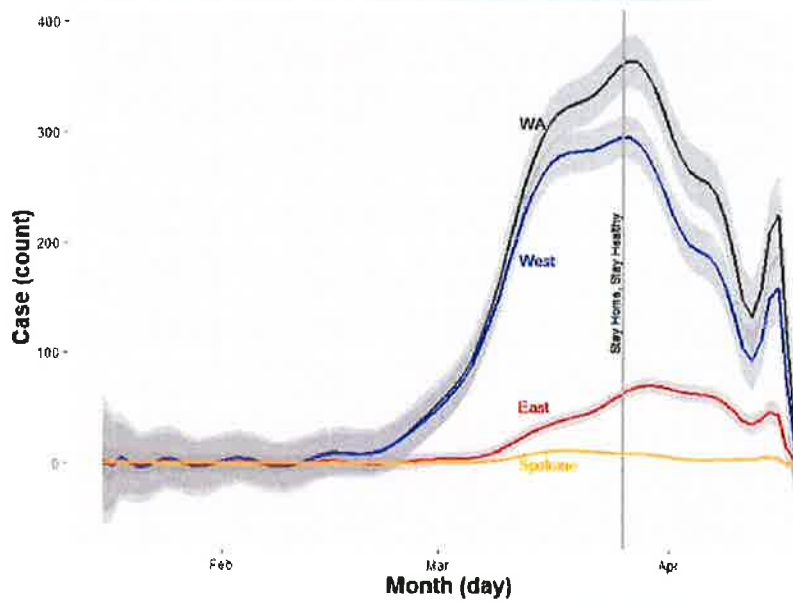


5. COVID-19 Healthcare System Monitoring

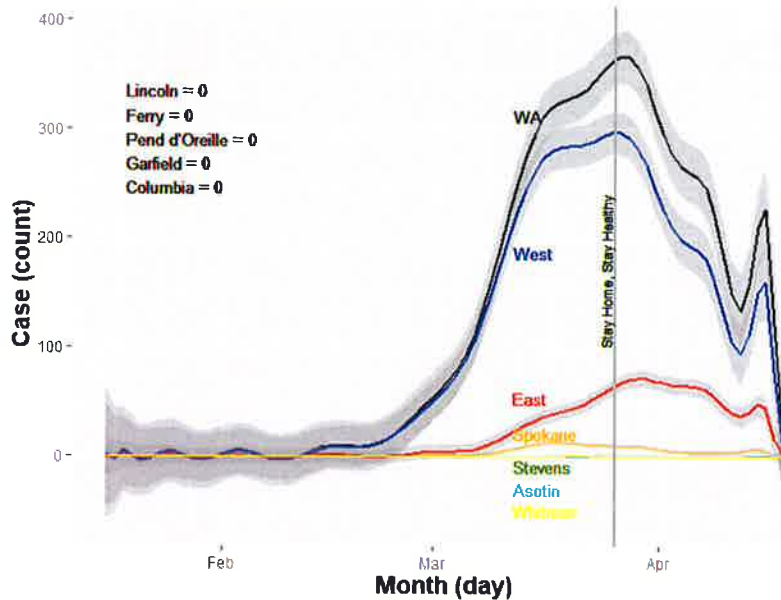


Model Summary - Supply		
SUPPLY	Full Capacity	Model Duration
# Days	0	30
Cumulative number of <b>Pain of Gloves</b> <small>(Calculated at 10 per hospitalized patient per day)</small>	Not Reached Full Capacity	2243
Cumulative number of <b>Gowns</b> <small>(Calculated at 5 per hospitalized patient per day)</small>	Not Reached Full Capacity	1175
Cumulative number of <b>N95 Masks</b> <small>(Calculated at 12 per ventilator patient per day)</small>	Not Reached Full Capacity	122
Cumulative number of <b>Procedural Masks</b> <small>(Calculated at 5 per hospitalized patient per day)</small>	Not Reached Full Capacity	1110
Cumulative number of <b>Ventilator supplies</b> <small>(Calculated at 0.14 per ventilator per day)</small>	Not Reached Full Capacity	0
Cumulative number of <b>Physician hours</b> <small>(Calculated at 0.55 per patient per day)</small>	Not Reached Full Capacity	111
Cumulative number of <b>Nurse hours</b> <small>(Calculated at 2.64 per hospitalized patient per day (9.6 per Ventilator))</small>	Not Reached Full Capacity	672
Cumulative number of <b>Intensivists hours</b> <small>(Calculated at 1.04 per ventilator per day)</small>	Not Reached Full Capacity	0
Cumulative number of <b>Respiratory therapists hours</b> <small>(Calculated at 2 per ventilator per day)</small>	Not Reached Full Capacity	9

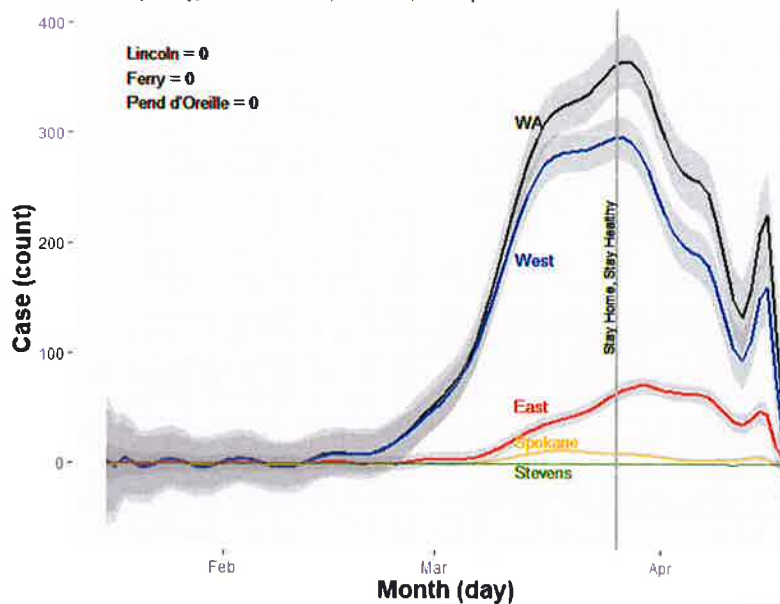
6. Comparison of Spokane County, Eastern and Western Washington, and Surrounding Counties



Emergency preparedness region:  
Lincoln, Ferry, Pend d'Oreille, Stevens, Spokane, Asotin, Columbia, Garfield, and Whitman



Commerce region:  
Lincoln, Ferry, Pend d'Oreille, Stevens, and Spokane





**MultiCare Health System**

820 A Street, Tacoma, WA 98402

PO Box 5299, Tacoma, WA 98415-0299 ~ multicare.org

May 12, 2020

Bob Lutz, MD, MPH  
Health Officer  
Spokane Regional Health District  
1101 W. College Ave.  
Spokane, WA 99201

Subject: MultiCare Certification of COVID-19 Response Capacity

Dear Dr. Lutz,

MultiCare Health System is honored to serve the Spokane County community at Deaconess Hospital and Valley Hospital. The Governor's swift actions in March, based on scientifically-backed interventions, resulted in Spokane County seeing the curve of COVID-19 cases flatten and decrease. We encourage you to request the Governor provide Spokane County a variance to move to Phase II of the Governor's Safe Start Washington plan as soon as possible.

Our organization can attest that we have adequate bed capacity at both Deaconess Hospital and Valley Hospital to serve our community, as well as adequate personal protective equipment (PPE) supplies to keep our workers safe, as required in the Washington State Department of Health Instructions for COVID-19 County Variance Plan: Moving from Phase 1 to Phase 2, dated May 3, 2020.

We will continue to report daily status of bed capacity, PPE, and follow all the other Health Department instructions. We will also continue to work with community and state partners to ensure we are monitoring potential increases in COVID-19 cases that might indicate a resurgence of the virus in our region. We are committed to continuing to support our communities' needs during these unprecedented times and stand ready to meet the challenges of both high-acuity patient needs in conjunction with any COVID-19 medical surge.

Sincerely,

David O'Brien, M.D., M.S.  
Senior Vice President & Chief Executive, Inland Northwest Region  
MultiCare Health System

**MultiCare Health System**

Mary Bridge Children's Hospital & Clinics ~ MultiCare Allenmore Hospital ~ MultiCare Auburn Medical Center  
MultiCare Covington Medical Center ~ MultiCare Deaconess Hospital ~ MultiCare Good Samaritan Hospital  
MultiCare Tacoma General Hospital ~ MultiCare Valley Hospital ~ MultiCare Connected Care ~ MultiCare Clinics  
MultiCare Indigo Urgent Care ~ MultiCare Rockwood Clinic ~ Immediate Clinic ~ Navos ~ Pulse Heart Institute

May 8, 2020

Bob Lutz, MD, MPH

Health Officer

Spokane Regional Health District

1101 W. College Ave.

Spokane, WA 99201

Subject: Re: PHC Certification of COVID-19 Response Capacity

Dr. Lutz,

Providence Sacred Heart Medical Center and Children's Hospital (PSHMC&CH), Providence Holy Family Hospital (PHFH), and St. Luke's Rehabilitation Institute (SLRI) are proud to be able to provide advance level care and rehabilitation services to ensure the best patient outcomes for our patients. This is also true for COVID-19 patients and during this unprecedented pandemic. PSHMC&CH, PHFH, and SLRI can attest that we have adequate bed capacity to serve our community and adequate personal protective equipment (PPE) supplies to keep our workers safe as required in the Washington State Department of Health Instructions for COVID-19 County Variance Plan: Moving from Phase 1 to Phase 2 dated May 3, 2020. We will continue to report daily status of bed capacity, PPE, and other requirements in WA HEALTH and work with community and state partners to ensure we are monitoring potential increases in surge. We are committed to continuing to support our communities needs during these unprecedented times as they meet the challenges of COVID-19 medical surge and high acuity patient needs.

Contact our Manager of Emergency Management with any questions.

Sincerely,

Peg Currie, RN

Chief Executive, SHMC and CH, HFH, Chief Operating Officer, PHC

cc: Manager of Emergency Management, Darrell Ruby, [Darrell.Ruby@Providence.org](mailto:Darrell.Ruby@Providence.org)

# InlandBizStrong

## Building Resiliency & Ingenuity Together InlandBizStrong Resilience Effort

### Overview

We must not simply survive Covid-19. We must use our ingenuity and our networks to build a safe and resilient tomorrow for the region's economy its citizen. This plan is the initial blueprint to guide our community into the new economy and to thrive in the midst of uncertainty. **This plan is not exhaustive; it is a flexible document that will adapt to new information and beneficial prospects.**

This blueprint is informed by Washington State's phased in planning approach and uses the same metrics alongside the blueprint for our community. As we move through the stages we will adjust accordingly. Our guiding principles will maintain consistency across work streams regardless of regulatory shifts. Transparency will provide accountability and maintain a cadence that speaks to the urgency of our time.

<b>Mission:</b>	Cross sector strategic leadership group focused regional economic recovery and resiliency by connecting philanthropic, government, business, public health and education sectors to build our New Economy.			
<b>Goal:</b>	<b>Business Confidence to Open + Employee Confidence to Return + Customer Confidence to Buy</b>			
<b>Guiding Principles</b>	<ol style="list-style-type: none"> <li>1. Public health and safety are paramount to business viability</li> <li>2. Be nimble and responsive to changing needs</li> <li>3. Emerge stronger than before Covid-19</li> <li>4. Measure progress</li> </ol>			

<b>Phase I Stabilization</b>	Resources	Relief	Assistance	Policy		
<b>Phase II Recovery &amp; Reopening</b>	<b>Resources, Relief, Assistance</b>	<b>Policy</b>	<b>Marketing &amp; Digital Comms</b>	<b>Keep Crushin the Curve Testing/Tracing</b>	<b>Bring it Home &amp; Healthy Local Mfg</b>	<b>Workforce Support</b>
<b>Phase III Resiliency &amp; Sustainability</b>	Resources, Relief, Assistance	Policy	Marketing & Digital Comms	Keep Crushin the Curve Testing/Tracing	Bring it Home & Healthy Local Mfg	Workforce Support



# Structure

## Regional Economic Recovery & Resiliency Framework

### GSI Executive Committee

Regional Economic Recovery & Resiliency Task Force					
Work Stream	Work Stream	Work Stream		Work Stream	
Resources, Relief, Assistance	Policy	Marketing & Digital Communication		Keep Crushin the Curve <i>Testing/Tracing</i>	
		Safestart Marketing Campaign	Safestart Small Biz Toolkit		
<p><b>LEAD</b> GSI: Jamie Dedmon, Cindy Wendle</p> <p><b>Members:</b> InlandBizStrong partnership Tammy Pruitt, Maria Vandervert, Dane Frobe All staff participate</p>	<p><b>LEAD:</b> Cara Coon, Tyler Parchem</p> <p><b>Members:</b> Public Policy Council Christine Varela, DHS</p>	<p><b>LEAD:</b> Nico Archer, DH Co-Lead: Jamie Rand, Visit Spokane GSI LEAD: Cara Coon</p> <p><b>Members:</b> Tammy Pruitt, GSI Maria Vandervert, GSI Dane Frobe GSI Liz Hooker, DSP Melissa Huggins, Spokane Arts Bryn West, Riverpark Square Rita Koefod, Riverpark Square Jodi K, Spokane Sports Commission Amy Lindsey, City of Spokane Brian Coddington, City of Spokane Mark Richard, DSP Andrew Rolwes, DSP Kevin Campbell, DSP Jonathan Moog, City of Spokane Sandy Williams, The Black Lens <i>(invite extended)</i> Jer and Tamara McGregor, The Inlander Janice Miller, INBA Lance Beck, GSVCC</p>	<p><b>LEAD:</b> David Condon, Premiera, GSI: Cindy Wendle</p> <p><b>Members:</b> Marcelo Morales LabCorp Dr. Darryl Potyk Dr. Darryl DeWald Dr. Bob Lutz Dr. Francisco Velasquez Tom Simpson Abbott Labs KP Elaine Couture Dr. David O'Brien Dan Roark Ryan Fix Buck Somes Joey Gunning Jessica Kirk Stacia Rasmussen</p>	<p><b>LEAD:</b> Mike Senske, Pearson Packaging, GSI: Jessica Kirk Cindy Wendle</p> <p><b>Members:</b> Don Ting Irv Zakheim Andy Barret Don Poffenroth Meg Miller Larry Stone Cheryl Stewart Joey Gunning Aleesha Roedel Stacia Rasmussen</p>	<p><b>LEAD:</b> GSI: Cassidy Peterson</p> <p><b>Members:</b> Wendy Ebach-Brill Jodi Brant Stacia Rasmussen</p>

## Business Recovery Work Group Work Streams

### 1. Resources, Relief and Assistance

**Objective:** Inventory and assess gaps of non-financial resources businesses need to operate. Provide opportunities to eliminate barriers, increase access to these resources and assist businesses as they incorporate reopening strategies.

### 2. Policy

**Objective:** Develop set of local, state and federal policy “agenda” items to enable successful business recovery and resiliency.

### 3. Keep Crushin’ the Curve - Regional Testing Network

**Objective:** To develop our region’s testing capabilities in order to return safely to work following recommended guidelines.

Physical distancing has assisted in flattening the curve. But it’s not enough. We must have tools that assist in tracking the virus, identify hot spots, and providing population health analytics through a solid private and public laboratory neural network. An enhanced regional testing system is critical to keep on crushing the curve. We cannot continue to rely solely on our partners west of the Cascades.

The international conversation on testing for Covid-19 is complex at best. Variables challenge testing quality, access, and production. Within our region it has become obvious that we are compromised not only by lack of the test materials themselves, but by the limited capacity of our existing laboratory infrastructure in Eastern Washington. If we are to survive and thrive beyond our current reality, we must mitigate this structural weakness.

## Keep on Crushin’ It Team

<b>Phase 1</b>	1. Increase regional testing capacity. 2. Procure ability to do 500 tests per day by July 1, 2020.
<b>Task Force Lead</b>	David Condon, VP Premiera BlueCross GSI Representative – Cindy Wendle
<b>Task Force Members</b>	Marcelo Morales, LabCorp, Dr. Darryl Potyk, Dr. Darryl DeWald, Dr. Bob Lutz, Dr. Francisco Velasquez, Cindy Wendle, Tom Simpson, Abbott Labs, Kaiser Permanente, Elaine Couture, Dan Roark, Buck Somes, Ryan Fix, Susan Ashe, Nancy Isserlis, Jeffrey Bell

### 4. Bring it Home & Health – Supply Chain & Manufacturing Network

**Objective:** Support business Ingenuity to celebrate and share innovations across industries.

- Develop home supply chain for variety of PPE
- Develop Business Resilience Grant Program
- Design expansion and recruitment plan with key partners focused on health and business strengths

Rebuilding consumer and workforce confidence is essential. The availability of Personal Protective Equipment (PPE), sanitation resources, and standardized hygiene protocols can help meet this objective. Yet, this is a fundamental weakness of not only our region, but the world. We have a dependence on a sophisticated international supply chain for our very basic needs. Before this pandemic, for instance, China produced approximately half the world's face masks.<sup>1</sup> While access to global markets is vital for the Inland Northwest economy, so too is the ability to adapt and be responsive to our own local livelihood.

## Bring it Home & Healthy Team -

Phase 1	Develop a centralized Inland NW distribution system for PPE access and identify opportunities to increase the region's local manufacturing lines for this and other critical purposes.
Task Force Lead	Mike Senske, Chairman & CEO, Pearson Packaging GSI Representative – Cindy Wendle
Task Force Members	Don Ting, Irv Zakheim, Andy Barret, Don Poffenroth, Meg Miller, Larry Stone, Cheryl Stewart

## 5. Smart Start Strategies – A Small Business Toolkit

**Objective:** Develop tool kit documents and templates that businesses of all sizes and sectors can build its individual plans for a Safe restart.

- Safe restart Toolkit
- Certification program
- Marketing campaign demonstrating the wins of work in progress

## 6. Marketing & Communications

No amount of good work will be valuable if citizens are unaware of the effort. A marketing and communications plan should be developed. The goal should be to build confidence and hope. We are safe. We are working together. We are getting back to the business of living.

Our region loves to play. Bloomsday, Hoopfest, State B, are just a few of the regional events that provide not only economic benefit, but social vitality as well. In Washington State reconvening of large groups is not set to occur until Phase 3. While we are waiting, we should also be innovating. There are still bond payments and employees to pay. The existence of our venues for entertainment and celebration should not be left as an afterthought. They are at the very heart of who we are as a community.

## Other Resources and Information

### Marketing & Digital Communication Channels

- Social Media (Facebook, Instagram, LinkedIn, Twitter, YouTube/Google)
- GSI Newsletter
- InlandBizStrong newsletter (will combine with GSI Newsletter)
- Surveys

### Ideas

- Mitg with Postman/Billig
- PO w DryFly
- Small biz loans; pay down points (City/County CARES \$)
- Continued/new unemployment

### Funding Streams (work to multiply investments, work w/Tonya at ECC, we will fill in gaps, no duplication)

- Government
  - Local, State, Federal
- Philanthropic
- Private Industry

### Next Steps

- Determine reporting cadence and to whom
- Finalize roster for BRWG
  - Notify staff & schedule meetings
- Finalize rosters for Work Streams
  - Notify staff & schedule meetings
- Determine roles and accountability
  - Determine deliverables & timelines
- Reporting structure to GSI Exec/Electeds
  - Our recommendations for funding/support/policy
- Regional CEO letter of commitment to our electeds

## Keep on Crushin’ It: Testing Task Force Charter (Template)

- **Mission/Purpose**  
Increase regional testing capacity.
  - **Timeline:**  
    - Phase 1: Procure ability to do 1,000 tests per day by July 1<sup>st</sup>.
    - Phase 2: Continue to increase daily test rate.
- Develop and begin to implement plan to enhance regional analytic ability.

- **Committee Structure**

LEAD: David Condon, Premiera Blue Cross		GSI Staff: Cindy Wendle	
Marcelo Morales	Dr. Frank Velasquez	Ryan Fix	
LabCorp	UW: Dr. Darryl Potyk	Elaine Couture	
WSU: Dr. Darryl DeWald	Tom Simpson	Buck Somes	
Dr. Bob Lutz, SRHD	Kaiser Permanente	Abbott	
Dan Roark	Susan Ashe	Nancy Isserlis	
Jeffrey Bell			

**Expectations**

- Updates on deliverables are expected weekly. What are the biggest challenges to attaining success? What are the steps we’re doing to mitigate? What do you need from partners to make it happen?
- Team is tasked with considering objectives for short term (30-60-90) in alignment with Phased reopening. What can we do today that will make a difference?
- Measure progress
- Identify fiscal needs for implementation.
- Coordinate with contact tracing bandwidth. Are the number of tests enough or too many?
- Determine the optimal point of intersection for tests being administered and tracing for best return on investment
- Don’t lose opportunities. Track longer term ideas.